

How to file a rehabilitation appeal

Complete this form if you disagree with a determination and order (D&O) made by the Rehabilitation Unit.

This form must be mailed to your local Workers' Compensation Appeals Board (WCAB) office within 20 days after service of the D&O by the Rehabilitation Unit. The service date can be found in the lower left hand corner of the D&O.

Complete the form. Follow the attached sample(s). Explain in your own words why you disagree with the Rehabilitation Unit's D&O. Sign and date the form. Complete the declaration of readiness to proceed to expedited hearing (see I&A guide 6). Complete the proof of service forms attached. You should also attach a copy of the Rehabilitation Unit's D&O.

If you don't have a WCAB case, you also need to file an application for adjudication of claim (see I&A guide 4), which opens a WCAB case for you.

Send the original papers to your local WCAB office with copies to the insurance company and Rehabilitation Unit.

Keep a copy for your records.

If you need help, call an Information and Assistance (I&A) office, or attend a workshop for injured workers. The local I&A phone numbers are listed on the back of this guide. You can get information on a local workshop from the I&A office or on the Web at www.dir.ca.gov/dwc.

The information contained in this guide is general in nature and is not intended as a substitute for legal advice. Changes in the law or the specific facts of your case may result in legal interpretations different than those presented here.

DIVISION OF WORKERS' COMPENSATION DISTRICT OFFICES

ANAHEIM, 92801-1162

1661 N. Raymond Ave., Suite 202
Information & Assistance Unit **(714) 738-4038**

BAKERSFIELD, 93301-1929

1800 30th Street, Suite 100
Information & Assistance Unit **(661) 395-2514**

EUREKA, 95501-0481

100 "H" Street, Suite 202
Information & Assistance Unit **(707) 441-5723**

FRESNO, 93721-2280

2550 Mariposa Street, Suite 4078
Information & Assistance Unit **(559) 445-5355**

GOLETA, 93117-3018

6755 Hollister Avenue, Suite 100
Information & Assistance Unit **(805) 968-4158**

GROVER BEACH, 93433-2261

1562 W. Grand Avenue
Information & Assistance Unit **(805) 481-3380**

LONG BEACH, 90802-4339

300 Oceangate Streets, Suite 200
Information & Assistance Unit **(562) 590-5240**

LOS ANGELES, 90013-1105

320 West 4th Street, 9th Floor
Information & Assistance Unit **(213) 576-7389**

MARINA DEL REY, CA 90292

4720 Lincoln Blvd. 2nd floor
Information & Assistance Unit **(310) 482-3858**

OAKLAND, 94612-1402

1515 Clay Street, 6th Floor
Information & Assistance Unit **(510) 622-2861**

OXNARD, 93030

2220 East Gonzales Road, Suite 100
Information & Assistance Unit **(805) 485-3528**

POMONA, 91766-1601

732 Corporate Center Drive
Information & Assistance Unit **(909) 623-8568**

REDDING, 96001-2796

2115 Civic Center Drive, Suite 15
Information & Assistance Unit **(530) 225-2047**

RIVERSIDE, 92501-3337

3737 Main Street, Suite 300
Information & Assistance Unit **(951) 782-4347**

SACRAMENTO, 95825-2403

2424 Arden Way, Suite 230
Information & Assistance Unit **(916) 263-2741**

SALINAS, 93906-2204

1880 North Main Street, Suites 100 & 200
Information & Assistance **(831) 443-3058**

SAN BERNARDINO, 92401-1411

464 West Fourth Street, Suite 239
Information & Assistance Unit **(909) 383-4522**

SAN DIEGO, 92108

7575 Metropolitan Drive, Suite 202
Information & Assistance Unit **(619) 767-2170**

SAN FRANCISCO, 94102-7002

455 Golden Gate Avenue, 2nd Floor
Information & Assistance Unit **(415) 703-5020**

SAN JOSE, 95113-1482

100 Paseo de San Antonio, Suite 241
Information & Assistance Unit **(408) 277-1292**

SANTA ANA, 92701-4070

28 Civic Center Plaza, Suite 451
Information & Assistance Unit **(714) 558-4597**

SANTA ROSA, 95404-4760

50 "D" Streets, Suite 420
Information & Assistance Unit **(707) 576-2452**

STOCKTON, 94202

31 East Channel Street, Suite 344
Information & Assistance Unit **(209) 948-7980**

VAN NUYS, 91401-3373

6150 Van Nuys Blvd., Suite 105
Information & Assistance Unit **(818) 901-5374**

NAME
STREET
CITY, STATE, ZIP CODE

Sample

TELEPHONE #:

**STATE OF CALIFORNIA
WORKERS' COMPENSATION APPEALS BOARD**

your name

Applicant,

vs.

*your employer and
insurance company*

Defendants.

WCAB#:
REHABILITATION
UNIT FILE #.:

APPEAL FROM DETERMINATION
AND ORDER OF THE
REHABILITATION UNIT

*Explain in your own words why you
disagree with the decision.*

your signature

Applicant

date mailed

Date

NAME
STREET
CITY, STATE, ZIP CODE

TELEPHONE #:

**STATE OF CALIFORNIA
WORKERS' COMPENSATION APPEALS BOARD**

| | |
|-----|-------------|
| | Applicant, |
| vs. | |
| | Defendants. |

WCAB#:
REHABILITATION
UNIT FILE #.:

APPEAL FROM DETERMINATION
AND ORDER OF THE
REHABILITATION UNIT

Applicant,

Date

Sample

Proof Of Service By Mail

I declare that:

I am (resident of/employed in) the county of your county California. I am over the age of eighteen years, my (business/residence) address is:

Put your home address here.

On today's date, I served the attached Rehab Appeal on the insurance company in said case, by placing a true copy thereof enclosed in a sealed envelope with postage thereon fully paid, in the United States mail at city where you mailed this addressed as follows name and address of insurance company

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct, and that this declaration was executed on

(date) today's date, at city California.

Type or print name print your name

Signature sign your name

Proof Of Service By Mail

I declare that:

I am (resident of/employed in) the county of _____ California. I am over the age of eighteen years, my (business/residence) address is:

On _____, I served the attached _____ on the _____ in said case, by placing a true copy thereof enclosed in a sealed envelope with postage thereon fully paid, in the United State mail at

_____ addressed as follows _____

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct, and that this declaration was executed on

(date) _____, at _____ California.

Type or print name _____

Signature _____